

## EXERCISE HISTORY & ATTITUDE QUESTIONNAIRE

Name:	_____	D.O.B.	_____
Address:	_____	Home No:	_____
	_____	Mobile No:	_____
	_____	Work No:	_____
	_____		_____
Contact Name:	_____	Contact No:	_____
Doctor:	_____		_____
Doctor Address	_____	Doctor No:	_____
	_____		
	_____		

Please fill out this questionnaire as accurately as possible. Please ask your trainer if you need assistance. This information is for the purpose of prescribing an exercise programme suitable to your needs and is totally confidential.

### **Section 1**

Did you take part in exercise/sport at primary school level? If yes, please specify:

\_\_\_\_\_

Did you take part in exercise/sport at secondary school level? If yes, please specify:

\_\_\_\_\_

Did you take part in exercise/sport at college? If yes, please specify:

\_\_\_\_\_

How would you rate your exercise level on a scale of 1 – 5, (1 indicating light, 5 indicating very strenuous), for each age group, through to your present ages:

10 – 20: \_\_\_\_ 21 – 30: \_\_\_\_ 31 – 40: \_\_\_\_ 41 – 50: \_\_\_\_ 51 – 60: \_\_\_\_ 61+: \_\_\_\_

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### Section 2

Are you currently taking part in an exercise/physical activity programme? \_\_\_\_\_

If Yes, please specify: \_\_\_\_\_

**Intensity:** Light / Medium / Hard

**Weekly Frequency:** 1 – 2 Days / 2 – 4 Days / 4+ Days

**Time:** < 20 mins / 20 – 40 mins / 40+ mins

In the past four months have you taken part in an exercise/ activity: \_\_\_\_\_

If Yes, please specify: \_\_\_\_\_

**Intensity:** Light / Medium / Hard

**Weekly Frequency:** 1 – 2 Days / 2 – 4 Days / 4+ Days

**Time:** < 20 mins / 20 – 40 mins / 40+ mins

Have you taken part in exercise/physical activity in the last 5 years? \_\_\_\_\_

\_\_\_\_\_

Have you started an exercise programme and found yourself unable to adhere to it?

\_\_\_\_\_

Do you have any negative feeling towards, or have you had any bad experiences with exercise/physical activity/sport? \_\_\_\_\_ If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_

What is the most suitable time for you to exercise? \_\_\_\_\_

How much time are you willing to devote to an exercise programme?

**Time:** < 20 mins / 20 – 40 mins / 40+ mins

**Weekly Frequency:** 1 – 2 Days / 2 – 4 Days / 4+ Days

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Do you have any negative feeling towards, or have you had any bad experiences with fitness testing / evaluation? \_\_\_\_\_ If Yes, please specify: \_\_\_\_\_

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### Section 3

Please rate yourself on a scale of 1 – 5, (1 being poor and 5 being excellent),. Circle the number that best applies:

Characterise your present aerobic fitness level:      1   2   3   4   5

Characterise your present muscular capacity:          1   2   3   4   5

Characterise your present aerobic flexibility level: 1   2   3   4   5

What types of exercise interest you:

Walking  
Jogging  
Treadmill  
Cycling  
Exercise Bike  
Aerobic Dance


Step Aerobic  
Body Conditioning  
Strength Training  
Flexibility  
Other


What do you want exercise to do for you? \_\_\_\_\_

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Rank your goals in order of importance using the following scale to rate each goal separately: (1 = extremely important, 10 = not important)

Improve aerobic fitness	
Improve body shape and tone	
Body fat / weight loss	
Improve flexibility	
Increase strength	
Improve sports performance	
Rehabilitation from injury	
Feel healthier	
Enjoyment	
Other	

## EXERCISE HISTORY & ATTITUDE QUESTIONNAIRE

By how much do you think you would like to change your body weight?

Increase by: \_\_\_\_\_ lbs/kgs

Decrease by: \_\_\_\_\_ lbs/kgs

Thank you for taking the time to fill out this questionnaire. It will benefit both yourself and the trainer in the prescription of your programme.

Signed: \_\_\_\_\_ Participant                      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Witness                              Date: \_\_\_\_\_